

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10620/39</u>	FILING DATE <u>1</u>					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
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TOTAL IND.	<u>3</u>							TOTAL IND.					
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TOTAL CLAIMS	<u>21</u>							TOTAL CLAIMS					